

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
 DATE: AUG 03 2012
 Bayfield Co. Zoning Dept.

Permit #: 10-0286
 Date: 8-10-12
 Amount Paid: \$100.00
 Refund: 8/3/12

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Richard + Rita Berens Mailing Address: 630 Wentaactl Ave Mendota Heights MN. 55118 City/State/Zip: _____ Telephone: 728-3384

Address of Property: 46755 Twin Pines Ln City/State/Zip: Grand View, WI Telephone: N/A

Contractor: James Jenkins Contractor Phone: 799-3807 Plumber: N/A Written Authorization Attached: Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) James Jenkins Agent Phone: 799-3807 Agent Mailing Address (include City/State/Zip): Po Box 274, Cable WI 54821 Yes No

PROJECT LOCATION: 14, 1/4 Gov't Lot: 27-28 Lot(s) CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: 25000 Subdivision: Diamond Lake Recorded Document: (i.e. Property Ownership) 571 Page(s) 344

Section 32, Township 44 N, Range 6 W Town of: Grand View Lot Size: 200x Acreage: 1.725

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes---continue → Distance Structure Is from Shoreline: _____ feet

Non-Shoreland → Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes---continue → Distance Structure Is from Shoreline: 57 feet

Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/sanitary System Is on the property?	Water
\$ <u>300.00</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>_____</u> <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Municipal Use	with Loft	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Commercial Use	with a Deck	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Commercial Use	with (2 nd) Deck	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Commercial Use	with Attached Garage	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	(<u>_____</u>)	(<u>_____</u>)
<input checked="" type="checkbox"/> Residential Use	Addition/Alteration (specify) <u>WALKWAY TO LAKE</u>	(<u>3'</u> X <u>80'</u>)	(<u>240</u>)
<input type="checkbox"/> Commercial Use	Accessory Building (specify) <u>_____</u>	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Commercial Use	Accessory Building Addition/Alteration (specify) <u>_____</u>	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Commercial Use	Special Use: (explain) <u>_____</u>	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Commercial Use	Conditional Use: (explain) <u>_____</u>	(<u>_____</u>)	(<u>_____</u>)
<input type="checkbox"/> Commercial Use	Other: (explain) <u>_____</u>	(<u>_____</u>)	(<u>_____</u>)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application, (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James H Jenkins (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: James H Jenkins (You are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance: PO Box 274, Cable WI 54821 Date: 8/11/12

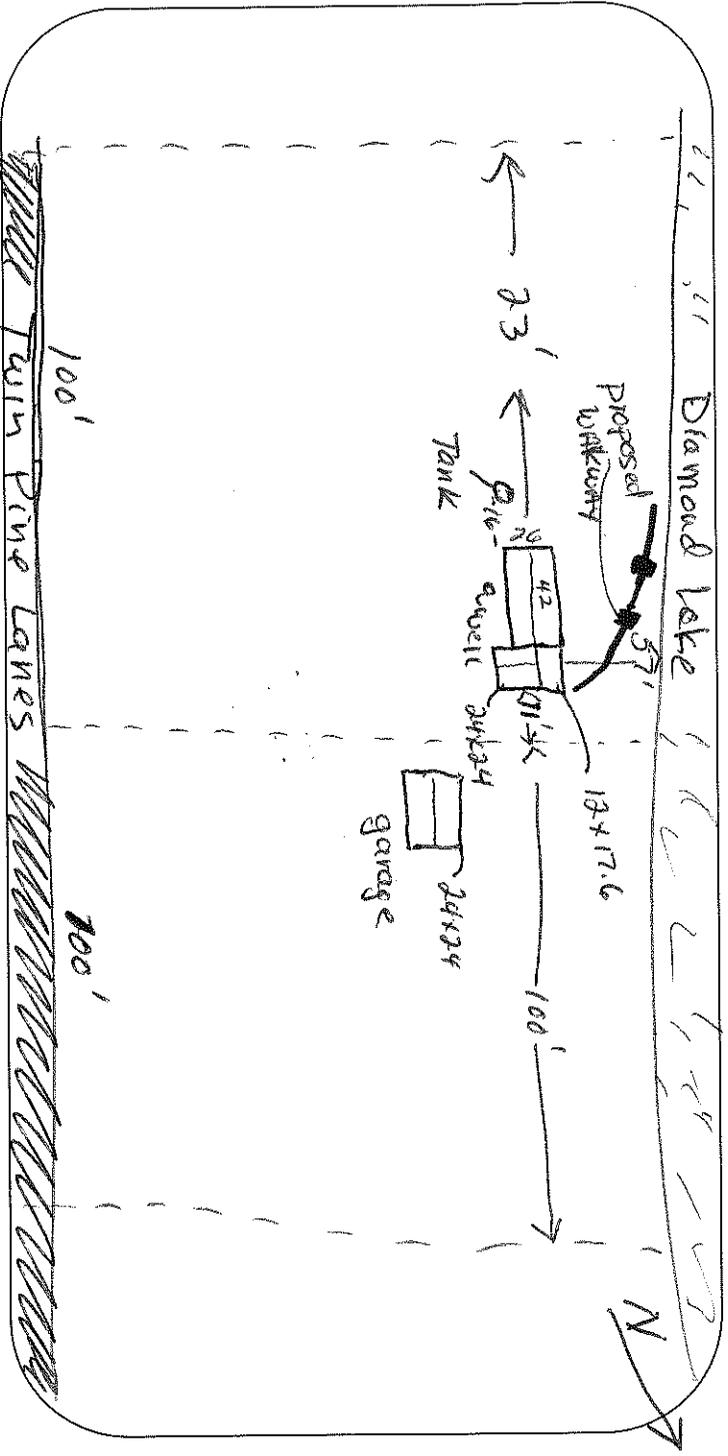
Address to send permit: PO Box 274, Cable WI 54821 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

Below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on Your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 12-00886	Permit Date: 8-10-12			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Deed of record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required Affidavit Attached
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Meets all requirements	Date of Inspection: 8-9-12	Inspected by: M. Foutala	Zoning District: (R-1)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Must use best management practices to prevent erosion or siltation of lake or wetlands.				
Signature of Inspector: M. Caldwell				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 8/10/12